



CONSENT TO TREATMENT FORM

I, _____, hereby authorize Susan L. Shaver, Lic. Ac. to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to the acupuncture treatment. **Initials:** _____
2. Heat treatments using *Artemesia vulgaris* (moxibustion, “moxa”) or a conventional heat lamp. Indirect moxibustion treatments involve putting moxa on the head of the needle or on top of a barrier such as salt or a slice of ginger. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from the moxa treatments may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always a risk of a burn. **Initials:** _____
3. A massage technique called “gwa sha”. This treatment leaves redness on the skin that can last for 1-5 days. Slight bruising and tenderness may persist after the treatment. **Initials:** _____
4. Cupping may be used to promote circulation of Qi (energy) through the meridians. Cups may produce a red/purple color on the area treated lasting for 1-5 days. **Initials:** _____
5. Electrical stimulation of the needles may be used which produces a vibration or tapping sensation or ion pumping cords may be attached to the needles. **Initials:** _____
6. Bloodletting, alone or in conjunction with cupping, may be used to improve circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture. **Initials:** _____
7. Chinese Herbal Medicine, in various forms such as pills, capsules, extract powders, and raw herbs, to be administered orally and /or topically. Some patients may experience side effects from their particular prescription. Please inform your practitioner of any adverse effects you may be experiencing. **Initials:** _____

Pregnancy: I understand that some herbs and acupuncture points are inappropriate and contraindicated during pregnancy and I will notify my practitioner *immediately* of pregnancy status or if I am in the process of trying to become pregnant. **Initials:** _____

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment. I hereby release Susan Shaver and Balanced Wellness from any and all liabilities and claims of any kind associated with the acupuncture and/or Chinese herbal medicine I receive.

Signature of patient _____

or Legal Representative:

Printed name of patient: _____

Date: _____